



## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE ENFORCEMENT/ CONSUMER PROTECTION PO BOX 329 TRENTON, NJ 08625-0329

CHRISTINE TODD WHITMAN Governor

Tel (609) 292-5316 Fax (609) 292-5865 KAREN L. SUTER Commissioner

## **Alternative Continuing Education Credit Application**

Please fax this form and required documentation to the Insurance Education Office 609 984 2792

Insurance producer name as it appears on the license:		
Producer reference number as it appears on the license:		. ,
Address:		
Phone #:	Fax #:	•
Email		
I certify the attached documentation is true and accurate.		
Producer Sign	ature	Date
Reason for alternative credits. Check off the appropria not be approved without the documentation.	te box and attach requested docuemtnation.	Credits can
Passing an examination which leads to an insuranthe desgination and provide the passing on a list of candidates seeking courses that will be provided	ce designation. 12 credits for each passed examinotice for each course. Would you like your nard to schools who offer these courses? Yes	nation. List ne to appear No
Maintaining an insurance designation with its own maintained for the full four year cycle. Provide documents CE requirements.	n CE requirements. 48 credits applied if the desination from the organization that tracks the maintenance.	gnation is enance of the
Maintaining the continuing education requirement credits awarded for maintaining the requirement for the ful insurance department for the state in which you are maintain	I four year cycle. Provide current certification fi	
Title insurance producer who is a New Jersey atto	rney. 48 credits for the four years of the licensing	ng cycle.
Eligible for correspondence courses under the Am approved correspondence course. Fax physician's form an		passed

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